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ABSTRACT

A national survey of the health care of international students was conducted to: (1) determine if incidence differences in certain conditons found among international students at the University of Southern California are unique to that institution or typical of other universities; (2) analyze the interaction between health center staff and international students; and (3) compare international students with domestic students concerning those behaviors which may present barriers/obstacles to health and health care delivery. Questionnaires were distributed to health center directors at two- and four-year colleges with more than 200 international students. Analysis of returned responses (n=180) revealed: similar patterns of disease incidence as found at the University of Southern California; no significant difference in use of health centers among international students and domestic students; barriers to health care among international students including language, nutrition, religious beliefs, and family influence; and more distrust, reluctance and less compliance in using health service facilities among domestic than among international students. Included are eight tables and four references. (LPT)

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WORKING PAPER # 5

A National Survey of College Health Centers Concerning The Health Care of International Students

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A NATIONAL SURVEY OF COLLEGE HEALTH CENTERS CONCERNING THE HEALTH CARE OF INTERNATIONAL STUDENTS

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INTRODUCTION

The number of international students seeking higher education in the United States is increasing; therefore, there needs to be increased concern about their health care. Studies comparing the frequency of health center visits and the medical problems of international versus domestic students[1,2] have shown that international students often use the health center for somatic complaints which may be stress related.[1,3,4] This is a report of a survey (copy available on request) of health care of international students in 180 college health centers. There were three components to the study.

The first was to follow up on a study at the University of Southern California (USC) in which 96,804 diagnoses from student visits to the Student Health Center during a three-year period were reviewed. The diagnoses coded for international students were compared to those for domestic students. More than fifty disease entities were found to be significantly increased, whereas thirty were significantly decreased among international students when compared to domestic students. Further analysis of the diagnoses which may be "stress related" revealed the greater proportion of such problems among international students.[1] The survey reported here was used to determine if those differences are unique to USC or are typical of other universities.

The second component of this study was to analyze the interaction between the health center staff and international students. This analysis was done by reviewing the programs for international students at the health centers, and the communication between the international student offices and the health centers.

The third component was to compare international students with domestic students concerning those behaviors which may present barriers or obstacles to health and health care delivery.

METHODS

A questionnaire was sent to 476 health center directors at two- and four-year colleges. There were 180 (38%) forms returned. The colleges selected were from the American College Health Association membership list, and colleges with more than 200 international students from the membership list of the National Association of Foreign Student Affairs (NAFSA). The rationale for using colleges with more than 200 international students from the NAFSA list was to increase responses from colleges most likely to have programs for and/or interest in international students.

RESULTS

The responses came from a wide assortment of colleges across the United States. Of the 180 schools that responded, 150 (83%) were four-year schools, 22 were two-year schools, and eight did not specify. Most of the schools are small with an average of 11,120 students. A histogram of the number of visits to the health centers by all students is presented in Figure 1.

Health center directors were asked if international students used the health center more frequently than domestic students in proportion to the number of international students. Of the 162 who responded, 101 (62%) indicated that there was no difference. In Table 1 the services offered by the health centers are listed, and Table 2 summarizes the method of payment at each college.

Table 3 is a tabulation of differences in frequency of diagnoses of international versus domestic students, and compares the findings with the USC study. Table 4 summarizes the responses to questions regarding programs offered by health centers to international students, to health center staffs, and to both. Table 5 lists the usefulness of these programs. Interactions between the international student offices and health centers are given in Table 6.

Health center directors were also asked to provide narrative comments, and the following quotations are significant samples of these:

> "The foreign student very frequently turns up Friday afternoon just before closing time with a list of complaints/or just plain lonesome and homesick."
>
> "Foreign students emphatically use the health center more frequently than domestic students and they are also more time consuming!"
>
> "Approximately four times as many visits per foreign student as domestic students."

Another section of the questionnaire dealt with barriers to health care. The health center directors were asked to arrange in rank order the frequent barriers to delivery of health care (Table 7) to international and domestic students. The respondents indicated that language, nutrition, religious beliefs, lack of understanding of health center services, reluctance to accept mental health referrals, personal hygiene, family influences, and financial concerns were barriers to providing health care to international students. Use of the health care system, trust in the health center, compliance, returns for follow-up, reluctance to use the health center, lack of self-care (i.e., smoking and drinking), and peer influences were barriers to the delivery of health care to domestic students.

The survey also queried the directors as to obstacles to offering special

health care programs to international students. The directors' responses are summarized in Table 8. The directors reported that funding, staff shortage, and time were major obstacles; administrative support, space, and the small number of international students were moderate obstacles; and reluctance by faculty, staff, and students themselves were stated to be minor obstacles.

DISCUSSION

The majority of the 180 colleges that responded were four-year institutions. This factor may influence the results as many of the smaller schools may have a large number of commuter students who are likely to have an alternative health care system. When the two-year colleges were deleted from the analysis, there was little change in the results; therefore, the two-year colleges were included in this report.

Of the 162 health center directors who responded to the question, "Do you feel that foreign students use your health center more frequently than domestic students in proportion to their enrollment?" 101 responded that there was no difference. This is a large number since studies at USC[1] showed that there was a marked difference in the proportional use by international students.

In Table 1 a listing of services offered at the student health center and the percent of colleges offering each service is given. Ninety/176 (51%) of the college health centers have nurse practitioners. Nearly all the colleges (152/176 or 86%) have physicians. Seventy three/176 (41%) have infirmaries, possibly because in many of the rural colleges infirmaries serve as substitutes to sending students home or to a local hospital.

In Table 2 the payment method used at the various health centers is listed. There is an apparent disparity in the fee-for-service and prepaid re-

sponses. Having one payment method would appear to eliminate the need for the other. However, many colleges noted that while the prepaid fee covers most "normal expenses" colleges use a fee-for-service for such services as extraordinary laboratory tests, x rays, or specialized treatments.

Table 3 summarizes the reponses to questions asking whether certain problems were seen more frequently in either group of students. This table also displays the group that showed an increase in diagnoses comparable to the USC study.[1] In 21 of 25 (84%) diagnoses the majority of the health center directors agreed with the findings in the USC study.

In Table 4 the types of programs offered by the various health center directors for either their staffs or students are presented. The small number of responses makes it difficult to draw any significant conclusion about the different programs. However, the small number of responses may indicate a lack of available resources for health care programs for international students. The responses of health center directors to the question regarding usefulness of programs (instructional handouts, films, VCR, slides, or staff training) for international students are given in Table 5. The majority of schools responded that the interaction between health center staff and the international student office is adequate, possibly due to the large number of colleges that have both an open dialogue and a referral system already in place (Table 6).

Responses to questions on barriers to health care are not surprising (Table 7). Language, nutrition, religious beliefs, lack of understanding of services, reluctance to accept mental health referrals, and family influences have long been known to pose problems to the delivery of health care to international students. The responses from the directors that domestic students do not have as much trust in health centers, are reluctant to use

the health centers, demonstrate less compliance, and return less often for follow-up than international students were surprising. Not surprising were the directors' impressions that domestic students practice less self-care (for example, they smoke and drink more), and respond more readily to peer influences than international students do.

The results in Table 8 seem to indicate that the major obstacles to offering special health care programs to international students are the usual items that plague health center directors, namely, funding, staff shortage, and time. The faculty, staffs, and students themselves actually pose no particular obstacles, and administrative support and space allocations are only of moderate concern.

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TABLE 1

SERVICES OFFERED AT STUDENT HEALTH CENTER

Service	
Nurse	94%
Nurse Practitioner	52%
Physician	87%
Physician's Assistant	17%
Lab	79%
X-Ray	49%
Pharmacy	61%
Physical Therapy	35%
Mental Health	75%
Day only	54%
Evening	57%
Summer	44%
Infirmary	73%

TABLE 2

PAYMENT METHOD FOR HEALTH SERVICES

* Fee for Service	83%
* Prepaid	56%

* Many schools state that they use a combination of both payment methods.

Insurance Requirements:

For all students	25%
For foreign students	60%

FIGURE 1

VISITS TO HEALTH CENTER

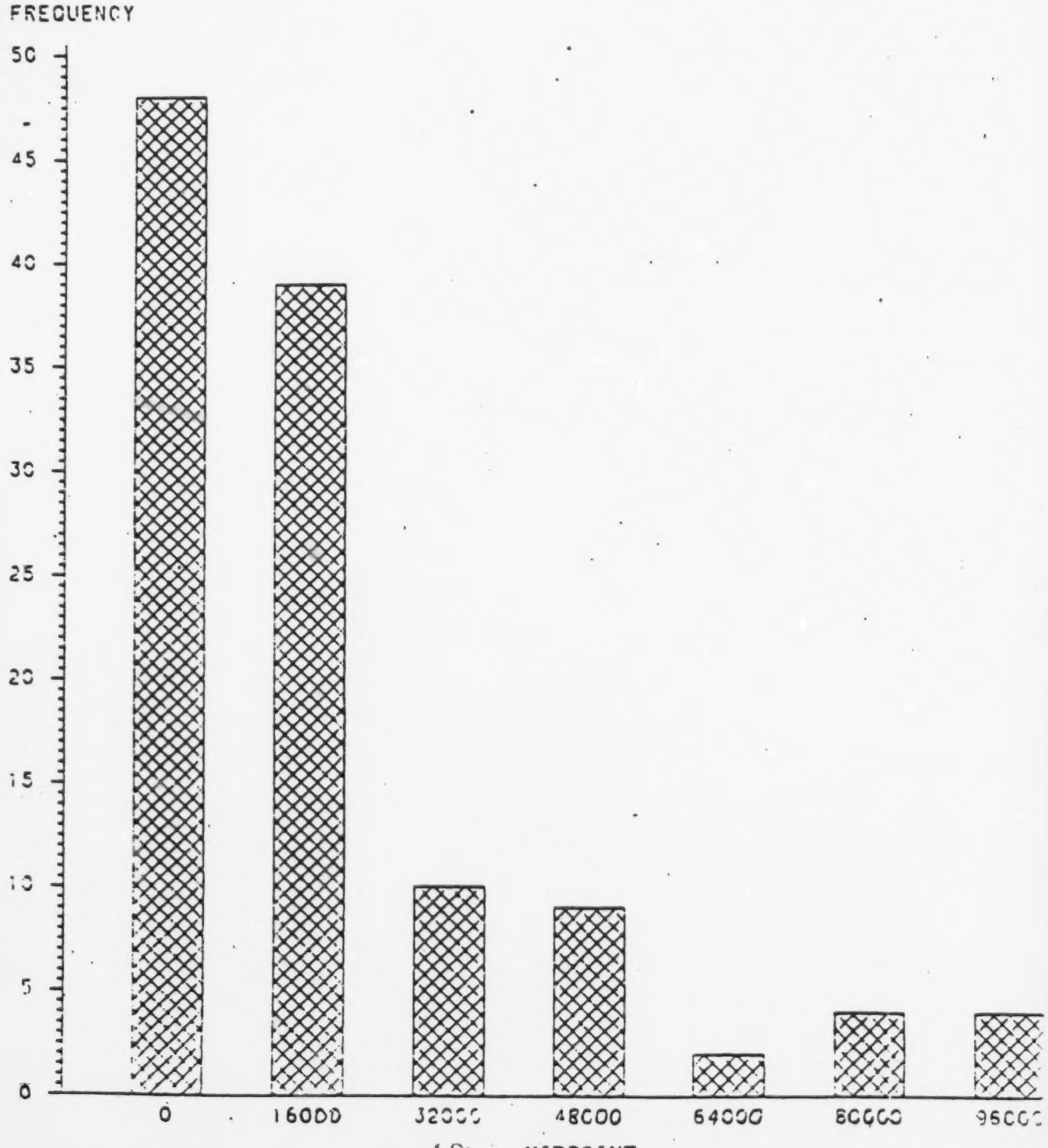

TABLE 3

DIFFERENCES IN FREQUENCY OF DIAGNOSIS OF INTERNATIONAL VS. DOMESTIC STUDENTS

	More frequent in foreign student	More frequent in domestic student	*USC findings	Majority in Agreement
Peptic Ulcer	35	29	F	+
Gastritis	51	22	F	+
Anxiety	70	19	F	+
Chest Pain	37	21	F	+
Hypertension	10	48	F	-
Low Back Pain	6	42	F	-
Venereal Disease	10	44	D	+
No Pathology	39	14	F	+
Headache	44	22	D	-
Abdominal Pain	36	22	F	+
Amenorrhea	9	36	D	+
Fractures	2	57	D	+
Urinary Tract Infection	2	56	D	+
Colds	19	32	N	-
Acne	7	55	D	+
Sprain	1	53	D	+
Depression	42	23	F	+
Pharyngitis	12	35	D	+
Insomnia	43	22	F	+
Urethritis	7	43	D	+
Constipation	44	16	F	+
Neurodermatitis	8	29	F	-
Venereal Warts	2	49	D	+
Warts	1	46	D	+
Mononucleosis	2	71	D	+

*Results of study at USC
F = seen greater in foreign students at USC
D = seen greater in domestic students at USC
N = seen greater in neither group

TABLE 4

PROGRAMS OFFERED

	To Foreign Students	To Health Center Staff	To Both
Workshops	18	9	16
Films	8	9	10
Lectures	15	19	22
Discussions	17	23	34
Handouts	6	59	34
Initial Orientation	7	63	27
Ongoing Orientation	4	22	17
Field Trips	10	14	6

TABLE 5

USEFULNESS OF PROGRAMS

Instructional Handouts	85
Films	43
VCR	42
Slides	45
Staff Training	51
Other	8

TABLE 6

INTERACTION BETWEEN HEALTH CENTER STAFF AND FOREIGN STUDENT OFFICE

Open dialogue	124
Referrals	107
Trends are discussed	68
Cases are discussed	75
Workshops: ongoing	21
initial	14
Joint meetings	37
Are these sufficient? Yes:	89
No:	57

TABLE 7

BARRIERS TO HEALTH CARE

	Foreign Students	Domestic Students
Language	+	
Nutrition	+	
Use of health care system		+
Trust in Health Center		+
Religious beliefs	+	
Lack of understanding of Health Center Services	+	
Compliance		+
Returns for follow-up		+
Reluctance to accept mental health referrals	+	
Reluctance to use the Health Center		+
Lack of self-care		+
Personal hygiene	+	
Family influences	+	
Peer influences		+
Financial concerns	+	

TABLE 8

OBSTACLES TO OFFERING SPECIAL
HEALTH CARE PROGRAMS TO FOREIGN STUDENTS

Administrative support	Moderate
Funding	Major
Staff shortage	Major
Time	Major
Space	Moderate
Few foreign students	Moderate
Staff reluctance	Minor
Faculty reluctance	Minor
Domestic students' reluctance	Minor
Foreign students' reluctance	Minor